

APR 12 2012

2012 APR 12 PM 5:51 AM

BY: ASW

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Miller Jeff M
1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 71

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 60☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule
 herein and in any attached schedules is true and complete. I acknowledge this is a
 I certify under penalty of perjury under the laws of the State of California that

 Date Signed 4-11-12
 (month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER

(LAST)

Miller

(FIRST)

Jeff

(MIDDLE)

12 MAR 16 AM 8:00

12 MAR -8 PM 3:12 M.

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

71st

Your Position

State Assemblyman

MAR 12 2012

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ Assuming Office: Date assumed ____/____/____☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2011, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☒ Candidate: Election Year 2012

Office sought, if different than Part 1: State Senate, 31st District

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(c)(1)

Date Signed

March 1, 2012

(month, day, year)

Signature

(official)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jeff Miller

► NAME OF SOURCE

Farmers Group, Inc

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 30 / 11	\$ 150.00	golf event tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Council of Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr., Suite 150

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 75.45	food & beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CTIA-The Wireless Association

ADDRESS (Business Address Acceptable)

1400 16th St., NW, Suite 600

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Washington DC 20036

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 23 / 11	\$ 96.92	food & beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

1201 K St., Suite 180

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 13 / 11	\$ 108.00	kings tickets
12 / 20 / 11	\$ 5.63	key holder
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Refuse Recycling Council

ADDRESS (Business Address Acceptable)

1121 L St., Suite 505

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 17 / 11	\$ 40.00	food & beverage
5 / 17 / 11	\$ 39.99	food & beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Building Assoc.

ADDRESS (Business Address Acceptable)

1215 K St., Suite 1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 26 / 11	\$ 101.62	food & beverage
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE
City of Los Angeles

ADDRESS (Business Address Acceptable)
1400 K St., Suite 208

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 31 / 11	\$ 450.00	airportpark-LAX/ONT
6 / 30 / 11	\$ 500.00	airportpark-LAX/ONT
9 / 30 / 11	\$ 220.00	airportpark-LAX/ONT

► NAME OF SOURCE
Brutoco Engineering and Construction

ADDRESS (Business Address Acceptable)
PO Box 310189

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fontana, CA 92331

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 19 / 11	\$ 214.55	case of wine
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
City of Los Angeles

ADDRESS (Business Address Acceptable)
1300 K St., Suite 208

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 11	\$ 60.00	airportpark-LAX/ONT
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
Stronghold Engineering, Inc.

ADDRESS (Business Address Acceptable)
2000 Market St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Riverside, CA 92501

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 21 / 11	\$ 70.00	off road race tickets
____ / ____ / ____	\$ _____	and parking
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE
San Francisco 49ers

ADDRESS (Business Address Acceptable)
1400 K St., Suite 208

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 4 / 11	\$ 258.00	game tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2012 APR 12 PM 2:35

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Miller, Jeff

1. BUSINESS ENTITY OR TRUST

Jeff Miller Insurance Agency

Name

218 N. Lincoln Ave., #102 Corona, CA 92882

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

NONE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Filer's Verification

Print Name Jeff Miller

Office, Agency or Court CA State Assembly, District 71

Statement Type ☒ 2011/2012 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California (c)(1)

Date Signed 4-11-12
(month, day, year)

Filer's Signature

2012 APR 12 PM 2:55
SCHEDULE D
Income - Gifts

Miller, Jeff

► NAME OF SOURCE
Farmers Group, Inc.
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1200
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 30 / 11</u>	<u>\$ 150.00</u>	<u>game tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Council of Legislative Excellence
ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Suite 150
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	<u>\$ 75.45</u>	<u>food & beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CTIA-The Wireless Association
ADDRESS (Business Address Acceptable)
1400 16th St., NW, Suite 600
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Washington, DC 20036

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 23 / 11</u>	<u>\$ 96.92</u>	<u>food & beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Southern California Edison
ADDRESS (Business Address Acceptable)
1201 K St., Suite 180
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 13 / 11</u>	<u>\$ 108.00</u>	<u>Kings tickets</u>
<u>12 / 20 / 11</u>	<u>\$ 5.63</u>	<u>Key holder</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Refuse Recycling Council
ADDRESS (Business Address Acceptable)
1121 L St., Suite 505
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 17 / 11</u>	<u>\$ 40.00</u>	<u>food & beverage</u>
<u>5 / 17 / 11</u>	<u>\$ 39.99</u>	<u>food & beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Print Name Jeff Miller

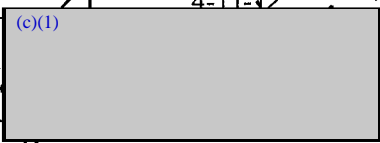
Office, Agency or Court CA State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-11-12
(c)(1)

Filer's Signature 

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
SCHEDULE D
2012 APR 12 2:56 PM
Income: 56 Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Miller, Jeff

► NAME OF SOURCE
San Francisco 49ers
ADDRESS (Business Address Acceptable)
1400 K St., Suite 208
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 4 / 11</u>	<u>\$ 258.00</u>	<u>game tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Brutoco Engineering and Construction
ADDRESS (Business Address Acceptable)
PO Box 310189
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fontana, CA 92331

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 11</u>	<u>\$ 214.55</u>	<u>case of wine</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Stronghold Engineering, Inc.
ADDRESS (Business Address Acceptable)
2000 Market St.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Riverside, CA 92501

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 21 / 11</u>	<u>\$ 70.00</u>	<u>off road race tickets</u>
<u> / / </u>	<u>\$</u>	<u>and parking</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Print Name Jeff Miller

Office, Agency
or Court CA State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-11-12

Filer's Signature (c)(1)

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

2012 APR 12 PM 2:56

SCHEDULE E

Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Miller, Jeff

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
City of Los Angeles

ADDRESS (Business Address Acceptable)
1400 K St., Suite 208

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Airport parking for legislative business

DATE(S): 1 / 1 / 11 - 3 / 31 / 11 AMT: \$ 450.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
City of Los Angeles

ADDRESS (Business Address Acceptable)
1400 K St., Suite 208

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Airport Parking for legislative business

DATE(S): 4 / 1 / 11 - 6 / 30 / 11 AMT: \$ 500.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE
City of Los Angeles

ADDRESS (Business Address Acceptable)
1400 K St., Suite 208

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Airport parking for legislative business

DATE(S): 7 / 1 / 11 - 9 / 30 / 11 AMT: \$ 220.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Filer's Verification

Print Name Jeff Miller

Office, Agency
or Court CA State Assembly District 71

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
(yr)

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Date Signed 4-11-12

Filer's Signature

(c)(1)

Comments:

2012 APR 12 PM 2:56

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

AMENDMENT

Miller, Jeff

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
City of Los Angeles

ADDRESS (Business Address Acceptable)
1400 K St., Suite 208

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Airport parking for legislative business

DATE(S): 10 / 1 / 11 - 12 / 31 / 11 AMT: \$ 60.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Filer's Verification

Print Name Jeff Miller

Office, Agency
or Court CA State Assembly, District 71

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ ____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-11-12

Filer's Signature

(c)(1)

Comments: